

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Inspiration
 Town of Miami
 or
 City of _____ No. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153
 County Registrar No. 412
 Local Registrar No. _____

2. Full name of child Pentacostes' Raya (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Sept 18 1927
 Month Day Year

8. FATHER
 Full name Juan Raya

9. Residence (Usual place of abode) Inspiration, Arizona
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 37 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation laborer Leeching Plant
 Nature of industry Copper mine

14. MOTHER
 Full maiden name Jose Huasagui

15. Residence (Usual place of abode) Inspiration, Arizona
 If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) _____
 (State or country) Mexico

19. Occupation housewife
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 P m. on the date above stated
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature J. H. Miller (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____ Filed Sept 20 1927 Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

791-918-189